



Illinois Department of Public Aid
2946 Old Rochester Road
Springfield, Illinois 62703-5659
E-Mail Address: Aidd32F9@MAIL.IDPA.STATE.IL.US
FAX Number: (217) 557-6800

PROVIDER FORMS REQUEST

Completion of this form or compliance with instructions is voluntary. However, failure to do so may affect this Department's action on this request. This form approved by the Forms Management Center.

Submit this form either by E-Mail, Fax or mail to the address listed above.

Please limit the quantity of forms and envelopes requested to an amount which would be used in a 3 month period.

TYPE OR PRINT ALL ENTRIES

ORDER REQUEST DATE: _____ PROVIDER MEDICAID NUMBER: _____

PROVIDER NAME: _____

STREET ADDRESS: _____ **(CANNOT DELIVER TO POST OFFICE BOX)**

CITY/STATE/ZIP: _____ PHONE #: (____) ____ - ____ ATTENTION OF: _____

PROVIDER E-MAIL ADDRESS: _____ (Optional)

Check Mark or Enter the appropriate Form Number & Enter Quantity Requested.

<u>IDPA Form Number:</u>	<u>QUANTITY:</u>	<u>Envelope Number:</u>	<u>QUANTITY:</u>
215CF Drug Invoice, (2-Ply Carbon Interleaved)	_____	1409 Special Approval Request	_____
1443 Provider Invoice, (Single Sheet)	_____	1414 Special Approval	_____
1443CF Provider Invoice, (2-Ply, Carbon Interleaved)	_____	1415 Drug Invoice	_____
2209 Transportation Invoice, (Single Sheet)	_____	1416 Adjustments	_____
2209CF Transportation Invoice, (2-Ply, Carbon Interleaved)	_____	1444 Provider Invoice Envelope	_____
2210 Medical Equipment / Supplies Invoice, (Single Sheet)	_____	2244 Transportation Invoice	_____
2210CF Medical Equipment / Supplies Invoice, (2-Ply Carbon)	_____	2246 Health Agency Invoice	_____
2211 Laboratory / Portable X-Ray Invoice, (Single Sheet)	_____	2247 Medical Equipment Supplies	_____
2211CF Laboratory / Portable X-Ray Invoice, (2-Ply Carbon)	_____	2248 NIPS Special Invoice Handling	_____
2212 Health Agency Invoice, (Single Sheet)	_____	2294 Equip/Supplies Prior Approval	_____
2212CF Health Agency Invoice, (2-Ply Carbon Interleaved)	_____	2300 Prior Approval Request	_____
2360 Health Insurance Claim Form, (Single Sheet)	_____	<u>Additional Forms Needed, Not Listed Above:</u>	
2360CF Health Insurance Claim Form, (2-Ply Carbon)	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____